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| | | | | | And the second s | | | | | | | | | | SWD01 Station 701 | SAMPLE ID One Character per box. (A-Z, 0-9 /, -) Sample ids must be unique | | e Date: | Fax | 5768 | Address: P.O. Box 417 | USS Corporation | Section A Required Client Information: |
| | | | | Ton | | | | | | | | | | | | Water DW Water WW Product P Policial SL OL Wippe WP AR WT ST | CODE | Project #: | Project Name: | Purchase Order #: | | Report To: | Section B Required Project Information: |
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| Sealed Cooler | | | | ~ | | | | | | | | | | , | | | | | | | | ١ | 오 |
| (Y/N) Samples | | | | _ | | | | | | | | | | | | | | | | | | | |
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CHAIN-OF-CUSTODY / Analytical Request Document
The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be accommodated to the control of the chain-of-Custody is a LEGAL DOCUMENT.

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| | Document Name: | Document Revised: 23Feb2015 | | | | | |
| Pace Analytical® | Sample Condition Upon Receipt Form | Page 1 of 1 | | | | | |
| PaceAnalytical | Document No.: | Issuing Authority: | | | | | |
| | F-VM-C-001-Rev.09 | Pace Virginia, Minnesota Quality Office | | | | | |

| Sample Condition Upon Receipt Client Name: | | | Project # | -6700 |
|---|-------------------|-------------|--------------|--|
| ,— | USPS Other:_ | ZÍci | ient | WO#: 1256789 |
| Tracking Number: | jotner:_ | | • | |
| Custody Seal on Cooler/Box Present? Yes No | | Seals In | tact? | Ye 1256789 بال الله Date: Proj. Name: |
| Packing Material: Bubble Wrap Bubble Bags | Z Noi | ne 🗀 | Other: | Temp Blank? Yes No |
| | ype of lo | e: 🎾 | ŵet [| Blue None Samples on ice, cooling process has begun |
| Cooler Temp Read °C: | | · | Date and | Biological Tissue Frozen? Yes No NA Initials of Person Examining Contents: 1-6-15 CA Comments: |
| Chain of Custody Present? | ZYes | □No | □N/A | 1. |
| Chain of Custody Filled Out? | Z Yes | □No | □N/A ´ | 2. |
| Chain of Custody Relinquished? | ∕Yes | □No | □N/A | 3. |
| Sampler Name and Signature on COC? | Zí _{Yes} | □No | □N/A | 4. |
| Samples Arrived within Hold Time? | Z Yes | □No | □N/A | 5. |
| Short Hold Time Analysis (<72 hr)? |]Yes | ZÎNo | □N/A | 6. |
| Rush Turn Around Time Requested? | Yes | ☑No | □N/A | 7. |
| Sufficient Volume? | Yes | No | □N/A | 8. |
| Correct Containers Used? | Z√Yes | □No | □N/A | 9. |
| -Pace Containers Used? | Yes | □No | □N/A | · |
| Containers Intact? | Z Yes | □No | □n/a | 10. |
| Filtered Volume Received for Dissolved Tests? | Yes | Ø№ | □n/a | 11. Note if sediment is visible in the dissolved containers. |
| Sample Labels Match COC? | Z Yes | □No | □n/a | 12. |
| -Includes Date/Time/ID/Analysis Matrix: WT | | | | , |
| |]Yes | ĽΝο | □N/A | See pH log for results and additional preservation documentation |
| Headspace in Methyl Mercury Container | Yes | □No | ØN/A | 13. |
| Headspace in VOA Vials (>6mm)? | Yes | □No | ØN/A | 14. |
| Trip Blank Present? | Yes | □No | ⊠ N/A | 15. |
| Trip Blank Custody Seals Present? | Yes | □No | ZÍN/A | |
| Pace Trip Blank Lot # (if purchased): | | | | |
| CLIENT NOTIFICATION/RESOLUTION Person Contacted: Comments/Resolution: | | | | Field Data Required? Yes No |
| Comments/Resolution: | | | | |
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| | ** | | | |
| FECAL WAIVER ON FILE Y N | | TEMP | ERATUI | RE WAIVER ON FILE Y N |
| Project Manager Review: | 3°(| ノ | | Date: |

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)